

### MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET

Substitute for Form PTO-1360  
(For use with Form PTO/SB/06)

Application Number

Filing Date

09202617

Applicant(s) **DAN SHKLARSKY**

\* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT	
	Indep	Depend	Indep	Depend	Indep	Depend
1	1					
2		1				
3	1					
4	1					
5	1					
6		1				
7		1				
8		1				
9		1				
10		1				
11		1				
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50						
Total Indep	5		0		0	
Total Depend	11		0		0	
Total Claims	16		0		0	

	Indep	Depend	Indep	Depend	Indep	Depend
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